

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****RECEIVED**

APPLICANT: HONG THI NGUYEN ET AL )

SERIAL NO.: 10/003,554 )

FILED: November 2, 2001 )

FOR: SYSTEM AND METHOD FOR  
CALLER CONTROLLED TIME  
DEMARCATON )ART UNIT:  
2642EXAMINER:  
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Karen LRECEIVED  
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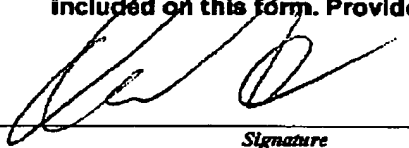
**AMENDMENT**

Applicants respectfully request entry of the following amendments and remarks contained herein in response to the Office Action mailed December 3, 2004. Applicants respectfully submit that the amendments and remarks contained herein place the instant application in condition for allowance.

01262  
BLL-0086

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>BLA-0086</b>	
Applicant(s): <b>HONG THI NGUYEN ET AL</b>					
Application No. <b>10/003,554</b>	Filing Date <b>11/2/2001</b>	Examiner <b>Not Yet Assigned</b>	Customer No. <b>36192</b>	Group Art Unit <b>2643</b>	Confirmation No. <b>5036</b>
Invention: <b>SYSTEM AND METHOD FOR CALLER CONTROLLED TIME DEMARCATION</b>					
<b>RECEIVED CENTRAL FAX CENTER MAR 02 2005</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43	43	0	x \$18.00	\$0.00
INDEP. CLAIMS	4	4	0	x \$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.</div><div><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</div></div>					
 _____ Signature			Dated: <b>March 2, 2005</b>		
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(e)] on _____ (Date)</div> <div>_____ Signature of Person Mailing Correspondence</div> <div>_____ Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					

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